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Case of Fracture of the Skull, with Loss of a Portion of the Substance of the Brain; Recovery. By JAMES C. FITCH, M. D.

ON the 19th of July, 1849, George D. Fitch, aged eleven years, son of the writer, was thrown from a horse, and after regaining the erect position, was kicked by the animal on the head. This occurred about seven o'clock, P. M.

He was borne to his residence perfectly insensible, and in a state of complete prostration. On examination, there was found a compound comminuted fracture of the skull, at the superior part of the junction between the right parietal and temporal bones; a portion of the bone, about two and a half inches in length by about an inch in breadth (or the width of the horse's shoe), having been driven in upon the brain.

The hemorrhage was profuse, and in dressing the wound a portion of the brain came out. Reaction did not take place until four o'clock the next morning, patient still remaining in a comatose state.

July 20th. Dressed the wound with Dr. W. P. Clark,* of Belvidere, when another portion of brain came out.

21st. In dressing the wound to-day, a portion of the brain one inch in length protruded, but was confined by the membranes. Patient manifested sensitiveness when this was touched; but in other respects continuing in the same insensible condition as heretofore. Not able to swallow anything. The strength of

* To Dr. W. P. Clark, my friend and more than brother, I would here tender my grateful acknowledgments for the promptness with which he responded to my call, and for his punctual and daily attendance for more than three weeks (though living at a distance of ten miles), as well as for the consolation he afforded me in my affliction.—J. C. F.

two or three persons is required to keep him on the bed, and he lies still at no time more than three minutes.

25th. Continues much in the same condition. Put a little water in his mouth, part of which ran out. A little seemed to go down the throat, and gave rise to strangling and spasms, resembling somewhat spasms of hydrophobia.

27th. Opened his eyes for the first time since the accident, and took notice of a glass of water in my hand, and seemed desirous of drinking, but was unable to swallow. An hour afterwards, he again opened his eyes, and the water was offered him, of which he seemed to swallow a little. In another hour, he by looks expressed a desire to drink, and on presenting him the glass, he bit a piece from it, which he held so firmly in his mouth that it was with great difficulty extracted. Up to this time he had received no nourishment whatever, except from enemata of arrow-root and milk.

28th. Looked up and spoke a word indistinctly—being the first word he had spoken since the accident. For the first time he seemed to recognize his friends. He also to-day received nourishment into his stomach for the first time, taking every two hours a teaspoonful of milk, thickened with arrow-root; this was continued until Wednesday, August 1st, when one cracker in twenty-four hours was added to the above. This plan of giving nourishment was continued till Friday, August 3d, when he rejected all that had previously been given by the mouth, showing that the stomach had been incapable of performing its function. The act of vomiting exhausted him to such a degree that we feared the vital force was expended. A few drops of strong brandy were given every few hours, and in the course of two days he had regained his former position, and from that time the nourishment given him by the mouth seemed to be digested without difficulty.

Aug. 9th. Patient having had no discharge from the bowels since the accident, at the recommendation of my friend Dr. Clark, a suppository was given, which had the desired effect. The wound looks well. Two pieces of bone were removed. Patient seems to be perfectly sensible, and, though he has great difficulty in articulating, converses on ordinary topics. He has no

recollection of what has passed during the last few weeks, expressing by his looks much astonishment, when informed of the length of time that has elapsed. Has the appearance of just having awakened from a sound sleep.

13th. Wound looks well. With assistance, he got up and walked across the room.

15th. Appetite and digestion very good. Bowels moved daily by injections.

18th. The wound still improves, and with it his general health. Experiences much difficulty in articulating some words. Recognizes persons and things, but cannot call their names, though when the name is once repeated, he retains it. For instance, a friend called to see him; and though he seemed by his looks to recognize him, he could not call his name until it was repeated to him, after which he had no difficulty as far as that particular individual was concerned. All eatables he calls *bread*, until he hears their names called. When he wishes an article of which he cannot call the name, he can describe it and compare it to things of which he does know the name, so that he can be understood.

His loss of memory seems also to involve the memory of things as associated with taste. For instance, being very fond of raspberry brandy, he desired some, but not being able to call it by name, he succeeded in giving his mother to understand that it was kept on an upper shelf in a cupboard in the room, and with considerable difficulty made her understand that it was in a bottle. Fearing the stimulant effect of the brandy, it was easy to satisfy him with a little sweetened water, which he supposed was the raspberry brandy.

Sept. 14th. Wound continues to improve. Patient has been out riding. Recollects the circumstances connected with the accident, and relates them very correctly. Continues to experience difficulty in articulating some words. Still recognizes persons and things without being able to call their names.

Oct. 19th. Wound slowly healing, discharging a large quantity of pus daily. Complains when he coughs. Memory, and the difficulty in articulating words improving.

Nov. 19th. Wound still discharges. Complains of weakness

in his *right* arm. Very active; health good; articulation improving. Goes to school. Has difficulty in remembering some of the letters of the alphabet, and some words. Has difficulty in forming some of the letters in writing. His memory fails in mathematics, but when one example is performed for him where he left off in algebra, his knowledge is revived, and he can perform other examples without assistance.

25th. In dressing the wound, a portion of bone came out.

Dec. 3d. Wound still discharging. A small piece of bone came out.

19th. Five months since the accident. Wound still discharging. Two small pieces of bone came out.

Jan. 19th, 1850. Wound still discharging.

March 19th. Wound discharges a great deal. Health very good.

May 9th. Extracted a piece of bone from the wound which caused a profuse hemorrhage. This is the largest piece of bone that has come away.

June 13th. Extracted a piece of bone.

July 19th. One year since the accident. Wound still discharging. A piece of bone looks as if it would come away soon. Enjoys good health, learns well, is active, and in all respects mentally sound.

Sept. 1st. Wound seems closed. *15th.* Wound discharging much matter. *16th.* Extracted a portion of bone.

Dec. 20th. Extracted a large piece of bone, after which the wound closed up and is perfectly sound to this day, Nov. 16, 1851.

HOPE, WARREN CO., N. J., Nov. 1851.

Remarks on the above Case. By S. W. BUTLER, M. D.

THE rare occurrence of severe injuries to the brain, and the very great danger that necessarily accompanies such lesions, when they do occur, combine to throw around them an interest which attaches itself to no other species of injury. Until the celebrated Perceval Pott, by his judicious teachings and

writings, completely revolutionized the whole plan of treatment in injuries to the brain, they were much more frequently fatal than at present. Perhaps in no one department has modern surgery achieved a greater triumph than in this. It is a popular notion, and even some of the profession are involved in it, that injuries to the brain, more especially where any portion of its substance has been lost, necessarily involve loss of life.

Such, indeed, was generally the case before the observations and untiring energy of Pott, and others of his time, introduced more rational methods of treating such injuries than had been pursued before. Yet we doubt whether the credulity of even a Pott would not have been somewhat taxed, had he read reports of the success in treating some cases of injury to the brain which have occurred in modern times. Doubtless some of our readers may remember a case published two or three years since, by Dr. Harlow of Cavendish, Vermont, in which a man recovered after having had an iron bar or "tamping-iron," three feet seven inches in length, one and a quarter inches in diameter, weighing thirteen and a quarter pounds, driven "with a crash" through his brain high into the air, and thrown several rods beyond him, where it was picked up "covered with blood and brains!" This is no fancy picture, drawn to task credulity, but a well authenticated fact. The patient, Phineas P. Gage, is probably still alive, and retains in a perfect degree his mental powers. Indeed, at no time during his recovery, was his mind seriously affected. In this case, the iron bar entered near the angle of the lower jaw of the left side, and passing upwards, involved the left eye, so as ultimately to destroy vision in it, and finally passed out near the centre of the frontal bone just in advance of the coronal suture. It therefore, in its course, involved only the anterior lobes of the brain, consequently, not necessarily involving those parts, whose peculiar function it is to govern the movements on which life is absolutely dependent. Probably there is not on record a case of recovery from such an extensive lesion of the brain as the one just mentioned.

Indeed, though the writer has examined a number of surgical works, he has not succeeded in finding the report of but one other

case of injury to the brain, with loss of a portion of its substance, followed by recovery. This was published by a Dr. J. Snyder of Va., during the last year, in the *Stethoscope, or Virginia Medical Gazette*. Two cases published by the late Prof. Sewall, of Washington city, are referred to by the American editor of *Cooper's Surgical Dictionary*, but we have not succeeded in procuring the Journal containing them.

So far as the writer has examined, Pott neither reports nor speaks of a case where any portion of the substance of the brain was lost. In the case spoken of above, reported by Dr. Snyder, the patient, a lad about eight years of age, was run over by a horse, and thrown against a stone, which caused an extensive fracture and loss of a considerable quantity of the cerebral mass. These, with the rapid recovery, were the principal points of interest mentioned in this case. The patient recovered from the effect of the injury in less than four months.

In the case reported above by Dr. Fitch, there are several points of very great interest in a physiological as well as a pathological point of view. We have neither time nor space to do more than refer to them now, leaving our readers to comment on them at leisure.

As the injury received was by a blow on the side of the head, it is evident, that aside from the fracture and depression caused by the blow, there was a possibility of another effect, viz. : extravasation on the opposite side, the result of what the French term *contre coup*; and that this did occur, seems probable from the fact that there was, as long as four months after the receipt of the injury, a weakness in the patient's *right* arm. Another thing worthy of attention is the fact, that the jactitation and the spasmodic action in the fauces, when the patient attempted to swallow fluids, bore some resemblance to the morbid nervous action of a patient laboring under an attack of hydrophobia. It is evident, that the nervous influence supplied to the stomach, was insufficient to enable it to perform its function for the period of two weeks, during which time the patient was nourished wholly by enemata of milk and arrow-root; and that the lower bowels readily assumed the duties thus thrown upon them, is proved by

the fact that, although these injections were used daily from the time of the accident, yet it was full three weeks before there was any discharge from the bowels, when a purgative suppository was used with success.

Another interesting feature in the case is, the great length of time that elapsed before all the fragments and spiculæ of bone were discharged, viz., one year and five months. During all this time, although an exhausting drain was kept up, and that so near the brain, the patient improved constantly both mentally and physically.

But there still remains the most interesting feature in the case, viz.: the effect of the injury on the patient's mind, and on at least one of the organs of special sense—the taste. Why was it that the patient retained the memory of the *countenance* of an individual while he had forgotten his *name*? On what physiological principle was he able to describe the shape, size, appearance, and position of an article he desired, while he could not call it by name? Why did he find it so difficult to remember the names of *some* letters of the alphabet, while he had no difficulty whatever with *others*? To say, simply, that he had lost the memory of *names*, is by no means a sufficient answer to these inquiries. It would seem too, that the effect on the *taste* involved not the *loss* of that sense, but the inability to remember the taste belonging to a particular article.

The writer, not feeling competent to undertake the solution of the interesting questions started in this connection, will here bring these already too extended remarks to a close, with the hope that others may be led to think and observe on the subject, should they have the opportunity to do so, and record minutely such facts as may present themselves.

BURLINGTON, N. J., Jan., 1852.

Cases exhibiting the Evil and even Dangerous Effects resulting from the sudden Suppression of Discharges, Pain, &c. By GEO. J. ZIEGLER, M. D.

ALTHOUGH it is a well-known fact that the sudden suppression of secretions, discharges, pains, &c., will generally produce affections or disturbances, by metastasis or otherwise, of the different organs and apparatuses of the body, varying in intensity according to that of the excitant and deranged action, it is believed that the report of the following cases may possibly prove not only interesting, but perchance instructive.

The first case was that of a little girl about ten years of age, of a nervous temperament, thin and delicate, in whom vomiting and purging had been incautiously suppressed. Finding her with a high fever, &c., I was induced, from the condition and circumstances, to believe that they were sympathetic and dependent primarily on the local irritation, from the presence of some foreign matter thus locked up in the alimentary canal; and, therefore, acted in accordance with such views by prescribing remedies to allay nervous and arterial excitement, and promote alvine evacuations; which had the desired effect, not only by sedation and catharsis, but also by emesis, and resulted in speedy recovery.

Case second was that of a young married woman, about twenty-three years of age, of a bilio-nervous temperament, who was suddenly seized with delirium. On my entrance into the room, about 5½ P. M., and, probably, nearly one hour after its commencement, I found her sitting up in bed, though somewhat restless, moving from one part to another, talking continuously and rather hurriedly, yet dispassionately; the tenor of the train of thought, from its expression being more of a repining character, indicative of a former state of mental uneasiness, approaching anxiety and even suffering; at the same time a quantity of frothy saliva was constantly issuing from her mouth. She appeared, at first, to be somewhat absorbed in this train of thought, except occasionally, and particularly when interrupted or otherwise disturbed by those around her. When her attention was thus temporarily withdrawn, she would become highly excited and vociferate against

them most passionately. Though, as thus shown, perfectly sensible to the presence of persons about her, yet recognizing them only partially and occasionally during temporary and imperfectly lucid intervals, having lost apparently all knowledge or recollection of the persons of her mother and husband, considering them, although present, as strangers, and, as well as the rest, intruders, yet frequently referring to them, and desiring their presence, complaining of their protracted absence, and even neglect for not hastening to her immediately. This may have been, however, mere subterfuge; for it is well known that in similar conditions persons will often practise this species of deception, for the advancement of their own selfish or vicious purposes; though such did not appear to be the case in this instance, the aberration being rather dependent on the degree of abnormal action. Another feature in the case was, that during all this time she was scarcely controllable except by very gentle and persuasive means, coercion having been repeatedly attempted by those in attendance; which, of course, only increased, as might have been expected, the already too excessive excitement.

On inquiry, I could ascertain no certain cause for the attack, or gain any positive information respecting it, except that she had been seized suddenly a short time before, and a belief existing that her menses had been previously disturbed or completely arrested. After an examination and consideration of the circumstances connected with the case, the condition of the general system, character of the attack, special derangement, &c., I concluded it was one of that class of cases dependent upon the diversion of the nervous and circulatory afflux, or the metastatic transmission of irritation from one organ to another—in this instance from the uterus to the brain and nervous system, the affection being still more in the irritative stage, and consequently with excited action of the organs so implicated, increased as yet only to such an extent as to produce this state of delirium and restlessness. In accordance with the principle above indicated, therefore, I endeavored to moderate the excessive irritability, and succeeded in soothing and controlling her by the employment of mild measures, as it was only by such means that she could be induced to submit at all to the institution of any

treatment whatever; at the same time directing a hot pediluvium, containing mustard, as a diverticulum; thus withdrawing and directing the tendency and current of the circulation and superabundant nervous influence from the cerebral and spinal centres to the generative apparatus and lower extremities, and to render this more immediate and perfect, and promote more effectually the restoration of the vital equilibrium, the following was exhibited internally:—

R. Chloroform ℥j;
 Camph. gr. x;
 Muc. Acac.,
 Syr. Simpl., aa ℥j.

M. Sig. Teaspoonful every half hour.

Remaining until after she had taken two doses of this mixture, and finding that she was becoming more quiet and better, I left, returning again at 10 P. M., when I was gratified to see my patient perfectly conscious, though apparently very much ashamed and mortified at her temporary indisposition. I then ascertained positively that her menses had been suddenly arrested, but from what cause she was either unable or unwilling to give me any very definite information. From what I could gather, however, I was induced to believe that the remote predisposing causes were, as they are in thousands of instances of similar or opposite derangements, sedentary habits and mental uneasiness, and even unhappiness; the more immediate, being exposure to different temperatures; she having been, for several hours the evening previous, in a large assemblage of persons in a necessarily very oppressive atmosphere and high temperature, which doubtless excited unduly the circulatory and nervous, and, particularly, the secretory functions, thus disturbing the vital harmony, and during the time of the state of sedation subsequent to, and dependent on, such vital acceleration, was subject to some undue mental excitement which became the exciting cause; thus inducing, more particularly, the special nervous and circulatory afflux to be transferred from the uterus and its appendages to the cerebral and nervous centres. I was also informed that after my departure only one more dose of the above mixture was administered, when the excitement completely subsided and she became perfectly calm and

conscious. Finding, therefore, her system very quiet, and herself consequently very comfortable, it was not necessary to prescribe anything further; hence, merely left directions that if, during the night, she became at all restless or unable to sleep, to administer the above *pro re nata*. On calling the next morning I found that she had been down to breakfast, and had not found it necessary, the previous night, to resort to anything further, having rested well without. As her menses had not returned, I now prescribed some aloes and myrrh, and on my next visit was informed that they had operated on the bowels, and re-excited the flow of the menstrual fluid.

There are some reflections and interesting circumstances connected with this case, probably worthy of some slight consideration, namely. In the first place, it to a certain extent exemplifies the unfavorable influences of sedentary habits, mental emotions, &c., either of an elevated or depressed character, on human health. Second, the injurious effects arising from the pernicious custom, especially in large and populous cities, of crowding great numbers of persons in close rooms deficient in ventilation, and in which the temperature must necessarily become uncomfortably elevated, and the air highly vitiated by the presence of such large masses; and also from the additional influence of the unhealthy mental excitement often induced by the performances of, and incidental to an attendance on, many so-called places of amusement; and the additional stimulus thus afforded to the cerebral, nervous, and vascular systems, with their consequent depraved influence on all the functions of life, followed by the usual state of depression resulting from such exposure and excessive functional excitement; and the necessarily increased activity of the influences thus superadded to those of the ordinary accidents and occurrences of life on systems so subjected, thus producing derangement after derangement of the delicate movements of the organism until the vital energies become finally so much impaired as to be rendered incapable of supporting themselves under the successive and repeated trials to which they have been and are being so constantly subjected; and ultimately terminating either in a permanently partial failure of life action, or its more immediate, complete, and premature destruction.

These remarks are also applicable to places of instruction, &c., our medical schools included, in which it must be said there is not that attention bestowed upon the regulation of the temperature and the admission of pure air that the subject deserves, as those in attendance on them so frequently experience by the mental and physical languor so often and gradually induced.

Third, the peculiarities of the attack and the accompanying mental manifestations; exhibiting and exemplifying the influence of the cerebral actions in modifying or arresting discharges and secretions, and causing metastatic transmissions of irritations, &c.; and, in fact, of disturbing and destroying generally the vital harmony.

Fourth, in the treatment of affections analogous to the one described, the favorable and beneficial influences obtainable by the institution and employment of mild, moderate, yet firm measures, rather than those of a harsh and forcible nature. This principle in the treatment of the insane is so well recognized now, by the profession, that it would seem to be almost a work of supererogation to call attention to it; yet, notwithstanding it is so fully acknowledged, it does not appear to be so fully acted upon, especially by the *ex professio*; therefore it is our duty to instruct them in the importance and necessity of such a course in the vast majority of cases; there being sometimes, of course, exceptions, in which more active and determined measures become necessary.

Fifth, the advantages derivable from the internal administration by the stomach, in contradistinction to inhalation, in analogous conditions, of such agents as chloroform. There are several reasons why this mode of exhibiting these remedies, and this one particularly, is preferable; first, the quantity given is certainly known, thus having the power of graduating the dose to any extent; second, the anæsthetic or sedative influence is more gradual, yet sufficiently rapid for most cases, which action is more desirable generally than a sudden and powerful impression, and, therefore, more under control, the effects being thus capable of more positive graduation from a scarcely perceptible state of sedation to complete anæsthesia; third, the state of primary excitement, so often accompanying its rapid introduction by the usual

mode of inhalation, arising, probably, from its sudden presence in the circulation, and its somewhat consequent mechanical disturbing action on the nervous centres, is thus completely abolished; fourth, the danger from its use is greatly lessened or entirely destroyed; fifth, in difficulty or doubt of diagnosis, calling, however, for such remedies, they can be exhibited in this way with beneficial effects and without risk, even in active inflammation of the brain, being direct cerebral and nervous sedatives, whilst, if given by inhalation, they are apt to prove injurious, and accidents are more likely to occur, either, as before indicated, by their sudden and primary mechanical stimulant action, or by the direct sedation from the excessive quantity introduced, thus overpowering and destroying the vital energies, even when given by the most learned and careful; and particularly more liable to result from the ignorance or carelessness of the administrator, when it becomes necessary to trust them in the hands of those unacquainted with their properties, which have hitherto formed, and still present, great objections to the more extensive employment of these most excellent and powerful therapeutical agents. By the adoption, more generally than at present, therefore, of this mode of exhibiting these remedies in numerous instances, and particularly in the more medicinal, in contradistinction to the strictly surgical cases, the greatest, and, in fact, all of the ordinary danger is removed, and numerous advantages secured.

These observations are not, however, entirely based upon this single case, but also upon the use of chloroform, more especially, in the manner described in other cases in which it was indicated; as, for instance, in inordinate labor and after-pains. Still, my experience has not been sufficiently extensive to permit of positive declarations upon this point from greatly enlarged data, though, so far as it extends, it is highly favorable so as to induce its further use in such cases or conditions, and especially where there is undue excitement of the nervous and vascular systems, particularly before, during, or subsequently to labor; and this class of these remedies may thus also, probably, become, to a certain extent, a substitute for general depletion, to which there are often numerous and great objections, yet obliged to be resorted to as a lesser evil. Therefore, by these means, irritation may be

suspended or completely allayed, and its consequences prevented, and secretion, relaxation, and normal action promoted, which are often especially desirable in the progress of the parturient effort, and in which a temporary or protracted, partial or complete sedative or anæsthetic action, is frequently of the highest importance, not only with regard to the preservation of the life of the mother, but also of the child; hence, it is confidently believed that this method of administering these agents, in such and numerous other conditions, is not only preferable but will also supersede, to a great extent, that by inhalation; and that it is safer, less troublesome, the action as certain and more protracted, and more under the control of the exhibitor, there is not a particle of doubt.

These cases are intended to illustrate the principle that a similar disturbance or change will affect individuals variously, and in different degrees, according to their activity, &c., and the age, sex, habits, temperaments, condition of health, &c. Thus in some, from analogous circumstances to the above, simple derangements, as headache, irritative fever, &c., may be produced; in others, delirium or mania of different intensities may result; in others, again, the tendencies and action may be so energetic as to induce spasms, epilepsy, apoplexy, paralysis, &c., or even so immediately active as most effectually to produce complete destruction by a suddenly fatal termination, not only from the violent circulatory afflux, but also assisted by, or exclusively dependent on, the shock so generally; an accompaniment of such organic and nervous disturbances of the economy.

PHILADELPHIA, Dec. 30, 1851.

A Description of Dr. Hunton's Yoke Splint.

By ARIEL HUNTON, M. D.

I PROPOSE to give you a description of my yoke splint, which I think will be acceptable to the Faculty.

Twenty-one years ago, last November, 8th day, at eve, I was called to a Mr. Allard, in the town of Johnson, and was informed he had dislocated his arm at the shoulder. I looked at

the patient, and saw the usual depression in dislocations of the part. I placed my fingers on the deltoid muscle, and perceived the soft yielding usual in such cases, but did not examine thoroughly, as I ought in any similar case; but pronounced it a dislocation, and prepared to reduce it. When I raised the arm, I felt and heard a crepitus, which corrected my diagnosis. In order to avoid exposing my carelessness, I did not enlighten my assistants, but called for rags and bandage, made a pallet of the rags for the axilla, and the figure of eight bandage, and dressed it (as I supposed) *secundum artem*. I am thus minute, that all may see the propriety of thorough examination, before expressing an opinion.

I returned home in the evening, three miles, reflecting—this is not the best way to dress a fracture of the cervix scapulæ. After retiring to my bed, I could not sleep, but pondered three hours by the clock, on the fracture I had lately done up, and thinking there is a better way. The thought at length came into my mind to use a splint resembling a sap yoke; I ruminated until I became satisfied that *this* mode would be preferable to any other I had seen.

The next morning I visited my patient, procured a mechanic, and had him adjust a splint according to my directions. Have it made to sit easy on the shoulders, stuffed or lined with cotton batting, the length to jut a trifle beyond the shoulders, with a pin near the ends of the splint. Firstly, apply the splint to the shoulder, then put a double kerchief under the axilla of the sound arm, and tie it over the splint, the pin keeping it in place.

The next step is to tie another kerchief under the fractured arm, and bring the top of the shoulder in contact with the splint; place the arm in a sling, and confine it to the side, and the work is done, and *well* done. There are no tight bandages or unyielding, tight-fitted splints, to cause swelling and inflammation. Lotions or any other applications are seldom required.

This splint is as well adapted to fractures of the acromion process or clavicle, as for the cervix scapulæ. If either of the fractured ends of the clavicle protrude upward, which is usually the case, lay on a compress, and cause by the splint the pressure required.

I have used this splint twenty-one years, with success and satisfaction to myself, that it is the best apparatus for those fractures.

Soon after making and applying my first splint, I sent a description of it to Professor Parker, then connected with the Woodstock School of Medicine. He procured one, presented it to his class, and recommended it as the best apparatus for those fractures.

I wish it known as Doctor Hunton's Yoke Splint.

HYDE PARK, LAMOILLE Co., VT., Dec. 1851.

Thoughts on the Influence of Malaria on Man.

By F. A. KINCH, M. D.

IN reading an article in your Reporter (Vol. V. No. 1), I was struck with a question boldly put forth: as to whether any one dare assert that he had ever seen a case of fever produced by malaria, without some other agency to which he might not, with equal propriety, refer, as a probable cause of the malady? I shall not attempt to give my opinion as to what malaria is, whether simple or compound, generated by animal or vegetable decomposition, or aqueous or aerial changes, solar or lunar influences, or whether from a redundant or an insufficient supply of electricity in the atmosphere. This agent, as yet, is not appreciable to our senses, weighed by our balances, nor has it ever been in our power to test its principles by chemical or philosophical analysis; for although much labor and time, both mental and physical, have been spent in the attempt for nearly two hundred years, when Lancisi first put forth distinct ideas of malaria; yet, as regards its chemical and physical properties, we as yet know comparatively nothing. Still, notwithstanding its obscurity, we, from observation, experience, and analysis, are bound to admit its existence, and to believe that certain diseases, particularly fevers of the various types, have their origin from the presence of this miasmatic poison. The manner in which this question is

put forth, would naturally lead us to suppose that fevers might have their origin from other causes, making malaria to rank among exciting causes, such as exposures and indulgences of different kinds, a redundant or deficient supply of electricity in the atmosphere, &c., &c., &c., which appear to me only the opening of the doors of the system, and inviting the approach of malaria to scatter her foul seeds of disease. Can malaria have any effect on a system in health, or on one that has not been disordered or deranged by some violation of nature's laws? Is not malaria a subtle, imponderable, invisible agent, existing in certain localities, under peculiar circumstances, of the causes of which (like attraction) we know nothing? And may not an individual live amid this effluvia with perfect safety, so long as nature is uninterrupted and undisturbed by any of the exciting causes? just like the flint and steel, which would never ignite the tinder if force were not applied; neither will oil and water unite without an alkali; so there seems to me to be no affinity between man in health and malaria. All these so-called exciting causes may well be called the alkali between man in health and malaria. Is it probable that fevers and diseases that are now generally supposed to be consequent upon the presence of malaria, would have a being, were the atmosphere pure and unadulterated, free from any miasmatic poison? Would these indulgences in exposure, fatigue, or impropriety, be sufficient of themselves to develop fever, intermittent, remittent, or typhoid? or would not the fever resulting from such indulgence, as soon as the effect of the dissipation had passed off, terminate in health? I may be far from the opinion of my medical brethren in supposing that malaria always stands ready to enter the constitution, and then spread its devastating influences, where the least susceptibility of the system exists, upon which it is enabled to act. There seems to be engraven in brazen characters, on the brow of human nature—Watch, guard, and protect, for the enemy is without. Our constitution seems capable of undergoing just so much fatigue, of enduring just so much exposure. Each organ or set of organs seems capable of being taxed to a limited extent, (more under certain circumstances than others,) and it appears to me, so long as we keep within our limits or fixed boundaries, we are

like a well-fenced city, that cannot be taken by the enemy; but every stone or part of the structure that may fall, either from accident or decay, renders the citadel of more easy access to the assaults of the enemy. So, in like manner, until we abuse, trespass, or trifle with our constitution, our system seems capable of bidding defiance to the effects of malaria.

WESTFIELD, N. J., Dec. 1851.

Case of Ossification of the Spleen, &c. By EDWARD M.
PORTER, M. D.

S—F—, aged about sixty years, living in a malarious district, was the subject of repeated attacks of intermittent fever, and consequently serious diseases of the viscera supervened.

He was for some years more or less under the notice of my preceptor, Dr. E. Fithian, during which time a very hard tumor was developed in his left side. It was subjected to the examination of different physicians, but from its peculiar situation, &c., none ventured to give a positive diagnosis; however, symptoms of dropsy of the chest came on, and ended his existence.

Upon post-mortem examination, we found considerable effusion in the cavities of the chest and abdomen; the heart and its membranes enlarged to double their normal size, and the left lung correspondingly atrophied; the liver somewhat larger than natural, but its structure seemingly healthy; the gall-bladder we found nearly filled with stones, the largest of which, occupying the base of the sac, was about the size of a play marble. The spleen was not altered so much in size as structure, part of it being completely ossified, and so adherent to the parietes of the abdomen, that it was quite difficult to separate them.

I submit this case to your readers, with no more comment than to express my astonishment, that there could have been such a walking laboratory of disease; and to notice the value of pathological investigation.

It is a matter of surprise, what extensive organic lesions and

encroachments can take place in the body, with so little comparative indication, or distress; and we can only account for it, by believing the morbid condition to be the result of slow and gradual development, and the almost unlimited natural powers of the system to resist disease.

BRIDGETON, N. J., Jan. 9, 1852.

BIBLIOGRAPHICAL NOTICES.

The Elements of Materia Medica and Therapeutics. By JONATHAN PEREIRA, M. D., F. R. S., and L. S. *Third American edition, enlarged and improved by the Author, including Notices of most of the Medicinal Substances in use in the civilized world, and forming an Encyclopædia of Materia Medica.* Edited by JOSEPH CARSON, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, &c. Vol. I. Philadelphia: Blanchard and Lea, 1852: pp. 837.

THE title of this work expresses its character. It is truly an "Encyclopædia of Materia Medica." Since the last edition, the Dublin, London, and United States Pharmacopœias have undergone revision and been republished, and the discoveries and improvements in this branch of science, which have been made since that time, are embodied in the new edition; it is, therefore, much more complete and comprehensive than its predecessor. The demand for the new edition, so greatly improved, has induced the publishers to issue the first volume separately; the second may be expected in July or August of the present year. We are indebted to the publishers for the work, and hereby offer our acknowledgment of its acceptance.

A Practical Treatise on Diseases of the Urinary and Generative Organs in both Sexes. By WM. ACTON, late Surgeon of the Islington Dispensary, and formerly Externe at the Female Venereal Hospital, Paris. *Reprinted from the second London edition, with additional illustrations and colored plates.* New York: J. S. Redfield, Clinton Hall, corner of Nassau and Beekman Streets, 1852.

WE are indebted to the publisher for this valuable work of Acton. More than 450 pages are devoted to the consideration of the subjects embraced in the title, and, so far as we can judge by a hurried notice of its contents, they are treated with a systematic precision which is not usual in books upon the various forms of venereal disease. Eight finely-colored engravings exhibit the process of excoriations, ulcerations, vegetations, balanitis, eczema, chancres, &c., which may greatly assist the inexperienced in forming a diagnosis; for, from the necessity of the case, but few general practitioners can embrace within the sphere of even an active professional life the entire scope of medical and surgical science; and it well becomes us to be in possession of such data as will guide us with safety when thrown aside from our accustomed walks; hence the country practitioner, though he rarely meets with venereal disease, should prepare himself with sound authority to which he may safely refer when his aid is demanded in cases where experience could not be brought to bear in the treatment.

The volume before us seems to promise a great deal to such; and, on this account, aside from its intrinsic merit, we shall value it as an important addition to our library.

*Manual of Diseases of the Skin, from the French of MM. Caze-
nave and Schedel; with Notes and Additions.* By THOMAS A.
BURGESS, M. D., Surgeon to the Blenheim St. Dispensary for
Diseases of the Skin, &c. *Second American edition, enlarged
and corrected from the last French edition, with additional
notes.* By H. D. BULKLEY, M. D., Physician of the New
York Hospital, Fellow of the College of Physicians and Sur-
geons, New York, Lecturer on Diseases of the Skin, &c. New
York: S. S. and W. Wood, 261 Pearl St., 1852. pp. 344.

THE volume before us, received from the publishers, seems to
us to fill a place long vacant in the literature of medicine. The
subject of cutaneous pathology is little treated of in the schools,
and when written upon in books, is often so clouded with vague
illustrations as to be difficult to comprehend. The authors in
question have rendered their work practical by making it simple,
and, we believe, there is no subject in the whole scope of patho-
logical research which demands simplifying more than that of
skin diseases. Appended to the work is a lengthy catalogue of
the principal remedies used in the treatment of cutaneous affec-
tions, embracing one hundred and twelve different prescriptions
in the forms of ptisans, mixtures, solutions, syrups, powders,
pills, cataplasms, ointments, liniments, caustics, baths, fumiga-
tions, &c. &c.

EDITORIAL.

PUBLISHING CASES.

WE have noticed lately a disposition on the part of some of
our brethren *elsewhere*, to bring their *cases* into notice by issuing
now and then a pamphlet of a few pages, descriptive of their

peculiarities of operation, or treatment, &c., while the same might have been made public, accomplished more good, reached more physicians, and gained for the author more professional credit, had it been issued through one or more medical periodicals. In our neighboring sister cities (*though younger than our own*), there are no less than five medical journals—two in Philadelphia and three in New York. They are large enough, and willing enough, to be the vehicles of any case or cases which the medical and surgical profession may deem of sufficient interest to make public; and while an accompanying plate would embellish the journal itself, and add to its interest, the few pages of information relative to its history, &c., would be equally creditable to the author and more acceptable to the profession. We repudiate medical almanacs, advertisements of cures, and wonderful cases, in the secular papers of the day, and we hold those *not* guiltless who vend under flaming puffs the thousand panaceas, pills, syrups, and cure-alls, which throng the way of life on every hand; and while there may be no secret buried in the pamphlet of the physician, and no promise of cure, yet it is out of the legitimate line through which medical news should be communicated to the profession, unless it may be that essays are too profound or voluminous to be admitted in the medical intelligencer. We throw out these suggestions, hoping that they may be sufficient to awaken a deeper interest in the support of medical *periodicals*.

ECLECTIC AND SUMMARY DEPARTMENT.

Vegetable Extracts and Quack Medicines.—The following sensible extract we cut from that excellent weekly journal, the *Scientific American*, and would take this opportunity of again calling the attention of our subscribers to the work, as well worthy the hearty support of the friends of science and the mechanic arts. *

"It is quite common for dealers in quack medicines to advertise the same as being 'purely vegetable.' This is presuming upon the ignorance of the multitude. At one time, long ago, vegetable medicines, with the exception of alum and sulphur, were exclusively used, and when science had de-

veloped the virtues of mineral medicines, old prejudices were soon arrayed against the evils of the 'new drugs.' The same prejudices still exist in the minds of many, hence we hear of 'herb doctors' being the most safe. They believe that mineral medicines are more dangerous; but this is all sheer nonsense, for the most virulent poisons are extracted from herbs. What is opium but a vegetable extract? and besides this, a great number of minerals are extracted from vegetables, at least they can be. Morphine, *nux vomica*, strychnia, solania, nicotine, and many other dreadful poisons, are vegetable extracts. How nonsensical, then, to speak of medicines being more safe or valuable because they are obtained from vegetables! It is well known that mushrooms—a certain kind—are cooked and used as an article of diet; yet in the class of mushrooms there are some deadly species, yea, the species generally used for the table, at some seasons, and when growing in some localities, are highly poisonous. A few weeks ago we read an account of some Bavarian officers, who were poisoned by eating common table mushrooms, and they died in the most frantic delirium, in spite of the best medical skill and attention."

Remarks on Spinal Irritation, with Cases. By S. B. HUNT, M. D., of Mendon, Monroe Co., N. Y.—*Buffalo Medical Journal.*

This interesting article recognizes, under the head of spinal irritation, the lengthy list of functional disorders of the brain and nervous system, which have by some writers been divided and subdivided according to their favorite systems of nosology, till they have multiplied into the various forms of nomenclature terminating with "algia," "ateca," and "dynia." Dr. Hunt adopts the most simple form in the classification of diseases, and, referring the neuroses generally to spinal irritation, speaks of them as neuralgia and hysteria. It is asserted that spinal or ganglionic irritation is in many cases dependent upon either a *congestion* or *inflammatory* derangement of the circulatory system; and it is suggested that most cases of neuralgia may be accompanied by more or less febrile action; and that "all cases of spinal irritation, so far as my observation extends, are subject to slight, but well-marked chills, generally occurring in the morning, and followed by heat of skin, &c. Local depletion and quinine constitute the chief means in the treatment; the first to relieve the inflammation which sometimes exists in the neurilemma or cellular tissue of a nerve, and the second to be used as a hypnotic, to relieve pain, remove plethora, and equalize the circulation." Cases are given to illustrate the propositions which constitute the truth of the article, viz., "that tenderness in some portion of the spinal column is often an attendant in chronic neuralgic affections; and, by the employment of the means alluded to, these complaints are either entirely eradicated or temporarily suspended;" and that "congestion or inflammation constitutes the pathology of neuralgia."

CASE I. "J. S., a stout laboring man, aged fifty, had been for several days suffering with acute pain in the right side, accompanied by very high fever. His physician had been unable to make a diagnosis, but is inclined to consider it typhus fever. Pulse full, hard, and frequent, skin hot, tongue clouded. I found one of the dorsal vertebræ very tender. Gave him five grains quinine, and waited to watch the effect. In an hour he was in a state of profuse perspiration, and free from pain. Applied a blister to the spine. During the night pain and fever returned, and was again relieved by quinine. Dysentery followed in a few days, and there was evidence of great portal congestion. After his recovery he suffered from neuralgic pain in the calf of the right leg."—(November, 1850.)

CASE VII. "At 4 A. M., I was called to Mr. R. H., a farmer, aged about

forty-five years; found him dead. I gathered from the friends the following history of his case: He had been ill three or four weeks; was first attacked, when in usual health, with insensibility. His physician supposed it to be a paralytic shock. The usual treatment was adopted with success, the patient becoming sensible, and it was then found that he had the control of his limbs. He had a strange feeling in his head, with neuralgic pain in the side of his head, occurring at intervals, and very severe. His general health seemed improving until the night of his death, when the pain became severer. He bathed his feet, and after that, lying down on the bed, he became insensible, his countenance pale and death-like, his breathing interrupted, long intervals occurring between respirations, and his pulse *continuing to beat for twenty minutes after the last inspiration*. The manner of death marks this as a case of compression of the base of the brain, and medulla oblongata. Probably the first shock was congestive, leaving behind it a little inflammatory action causing neuralgia—this inflammatory action resulting in sub-arachnoid effusion. The neuralgia under which Mr. H. suffered was in the temporal branches of the fifth pair. It is well to bear in mind that the fifth pair of nerves, although enumerated among the cranial nerves, are, in fact, spinal nerves in their functions.

"CASE VIII., of which I have no notes, is somewhat similar in its sad result. A lady had suffered much from neuralgia, particularly of the fifth pair. While, as we had hoped, she was convalescing, from a nursing sore mouth, accompanied by that erythematous inflammation of the mucous membranes of the *primæ viæ*, so difficult to manage, she was taken one evening with difficult inspiration. She acted a little strangely, but feeling better, soon after, no attention was paid to the occurrence, which she attributed to wind on the stomach. The next morning, after a good night's rest, she got up, walking across the floor unassisted, and drank a glass of milk. While sitting in her chair the difficult respiration returned; she felt that she was dying; her countenance became anxious (the pulse regular and full), and in two hours she expired. To what other cause was this sudden snapping of the silver cord to be attributed, than to sub-arachnoid effusion? And yet it was the first intimation we had of any cerebral disturbance, further than a slight tenderness of the cervical vertebrae, which had existed for years."

Domestic Medicines.—An anonymous writer in the *Boston Medical and Surgical Journal* for Dec. 31st, notices a circular sent out by Dr. J. F. Skinner, of Brownington, Vt., in which, if we understand rightly, Dr. S. sets forth the virtues of a set of domestic medicinal preparations compounded by himself, at the same time cautioning the public against the wiles of quacks. We should be glad to see one of the circulars referred to. Dr. Skinner's motives for preparing and offering these medicines for sale would seem to be honest, and his reasons are given at length in the *Boston Journal*, vol. xl. p. 309.

He there, in a well written and very sensible article, points out the evils resulting from the employment of quack medicines, and then proposes a remedy, which to us has very objectionable features, some of which are pointed out in the anonymous article above noticed.

Dr. Skinner, taking the ground that the public *will* resort to remedies which to them seem indicated in apparently slight affections, and in the absence of reliable preparations, will use nostrums, whose all-healing virtues they see puffed in the newspapers, thinks the evil would be effectually combated by regular physicians preparing for popular sale a set of remedies of known virtues in certain complaints. This, at first view plausible plan, is

opposed by the anonymous writer above referred to; and the following is the substance of one of his arguments. He says: "If the object can be accomplished by the doctor's plans, it must be by physicians, as a body, adopting his method.

"Every physician must offer medicine for sale, or at least such a number of them, that each buyer can procure an article for use, prepared by a physician in whom he can place confidence. At all events, the result would be, that the great body of the profession would each send forth his 'series of medical preparations' for sale. And what a degrading spectacle would this be! The world would have reason to distrust the whole of us."

This is a topic worthy the attention and thought of physicians; and we would call the attention of our readers to it. We may notice it more at length hereafter.

While on this subject, it may not be out of place to give the recipes of a series of preparations which enjoy a considerable degree of popular favor in Philadelphia and its vicinity. They purport to be prescriptions of Professor Samuel Jackson of that city.

We quote from an article by A. B. Taylor, in the last number of that excellent quarterly, *The American Journal of Pharmacy*:—

Dr. Jackson's Pectoral Syrup.—Dr. Jackson has furnished us with the following recipe:—

R. Sassaf. medullæ	3i;
Acaciæ	5i;
Sacchari	℥i½;
Morphiæ muriat.	gr. viii;
Aquæ	℥i, or q. s.

The sassafras pith and gum Arabic are to be put into the water, and allowed to stand ten or twelve hours, with occasional stirring. The sugar is to be dissolved (cold) in the mucilage thus obtained, which, after being strained, should be made to measure two pints by the addition of water. Lastly, the muriate of morphia is to be dissolved in the syrup.

A small quantity of Hoffmann's anodyne was formerly added, to prevent fermentation; but this has been omitted, as being unnecessary when the syrup is carefully prepared.

This syrup contains one-fourth of a grain of muriate of morphia (we believe originally ½ gr.) in each fluidounce; and is given in doses of a teaspoonful every two or three hours, according to circumstances.

Dr. Jackson's Pectoral and Ammonia Lozenges are two other preparations of the same physician, and designed for a similar purpose with the above. They have both become somewhat popular remedies, and merit publication. The following is the formula for the "Pectoral Lozenges":

R. Pulv. ipecac.	gr. x;
Antimon. sulph. præcip.	gr. v;
Morphiæ muriat.	gr. vi;
Pulv. acaciæ	} aa 3xi;
" sacchari	
" ext. glycyrr.	
Tinct. tolut.	3iv;
Ol. sassaf.	gtt. iv.

The above to be made into a stiff mass with simple syrup, and divided into 200 lozenges, or into lozenges of ten grains each.

The formula given by Dr. Jackson for the "Ammonia Lozenges" is as follows:—

R. Ammonise muriat.	.	.	.	3ifs;
Morphise muriat.	.	.	.	gr. iii;
Pulv. ulmi	.	.	.	3vi;
“ acaciae	.	.	.	} aa 3vii;
“ sacchari	.	.	.	
“ ext. glycyrr.	.	.	.	
Tinct. tolut.	.	.	.	3iii;
Ol. gaultheriae	.	.	.	gtt. iv.

To be made with syrup as above, and divided into 180 lozenges, or into lozenges of 10 grains each.

S. W. B.

Retro-Pharyngeal Abscess, its Medical History and Treatment, &c. By CHARLES M. ALLIN, M. D., Resident Surgeon of the New York Hospital.—A reprint from the *New York Journal of Medicine*, of an article with the above title, deserves condensation for our readers.

Position of Abscess.—Between the posterior wall of the pharynx and the cervical vertebrae.

Acute Abscess, Predisposing Causes.—Same as predispose to the formation of abscess in other parts of the body; may be the result of hereditary scrofulous taint, of the poison of syphilis, of long-continued habits of intemperance, of difficult dentition in children, of scarlatina, variola, &c., &c.

Exciting Causes.—Exposure to cold, followed by inflammation of the pharynx itself, which, terminating in suppuration, deposits the pus between the pharyngeal fascia, and the muscles lying upon it; or inflammation of the lymphatic glands behind the pharynx, where these glands are found to exist, or by a foreign body, as a fish bone, passing through the posterior wall of the pharynx and forming the nucleus of abscess, or by retrocession of erysipelas, stricture of oesophagus, rheumatism, &c.

Chronic Abscess.—Predisposing causes of the same character as in the acute form of the disease.

Exciting Causes.—Caries or tubercular disease of the cervical vertebrae, progressing nearly in the same manner as psoas abscess.

Symptoms of Acute Form.—Local uneasiness, stiffness in the back of the neck, chilliness, succeeded by febrile excitement; though fever is not an invariable attendant, the chilliness being continuous. In young children convulsions are sometimes present, often oedematous swelling of the anterior and lateral portions of the neck; as the disease advances soreness of throat is increased, and a sensation of a foreign body arrested at the base of the tongue is experienced; respiration difficult, voice nasal, cool perspiration about the head, pulse *always* quick and very frequent, though sometimes full and forcible. In children, the dyspnoea often produces convulsions, which speedily terminate in death.

Attempts to swallow or to lie down increase the dyspnoea, and the somnolency or coma when present. The tongue is spasmodically thrust out when the patient is requested to show it, and returned with considerable difficulty, though it is often protruded from the mouth without the ability to return it.

The internal surface of the mouth and throat is congested, with swelling of the tonsils and epiglottis, and an ovoid tumor may be felt by the finger pushing against the posterior wall of the pharynx, and, in some instances, separating the alæ of the thyroid cartilage of the larynx. If death results, it is caused by asphyxia, or by spontaneous opening of the tumor, its contents deluging the air-passages.

Symptoms of the Chronic Abscess, are usually symptomatic of some constitutional disease, mostly traceable to hereditary taint. Pain in the back of the neck increased by moving the head, and often most severe in the after part of the day. As the disease advances, these symptoms become more

marked, resulting in complete closure of the jaws. In such cases, the cavity of the abscess is liable to follow a more extended route, terminating sometimes in the mediastinal space, or again between the deep lateral fascia of the neck.

After (sometimes a long period of time) the dyspnoea, dysphagia, &c., appear as in the acute variety, but often attended with a low typhoid form of fever, which terminates in death unless promptly and skilfully treated.

For want of space we pass over the diagnosis, prognosis, and pathology of the disease, as presented by Dr. Allin, and proceed to state the treatment, which is divided into surgical and medical.

Surgical Treatment.—Make a free opening into the cavity of the abscess, as follows: support the head of the patient firmly, pass the forefinger of the left hand into the mouth, raise the velum palati, and press the point of the finger against the tumor; then open, with a common scalpel or bistoury, the blade being covered with sticking-plaster, to within half an inch of its extremity. The incision should be free, at first, to avoid the necessity of repeating the operation.

Medical Treatment.—Apply emollient and soothing poultices, fomentations, &c., to the neck; after the discharge has ceased, the local application of an astringent gargle, as follows:—

R. Bi-boratis sodæ ℥ij;
Tinct. myrrhæ f℥j;
Syr. simplicis f℥ss;
Aqua puræ f℥vjss.

Misce.

The condition of the general system may need tonics, and even stimulants, but it is not usual to administer, where the appetite is good, and the patient's strength may be sustained by a generous system of nourishment.

The pamphlet contains, in addition to what has already been stated, a statistical table of fifty-eight cases.

On the Protective Power of Vaccination. By S. ANNAN, M.D.—The following views upon this subject have recently been promulgated, at a meeting of the Royal Medical and Chirurgical Society of London.

Dr. Gregory, the physician of the smallpox hospital, stated that, from the year 1844 to 1850, 2854 cases of smallpox had been admitted; and that of these, 1500 were after vaccination. The whole number of deaths had been 579; and of these only 75 were amongst the vaccinated portion. He also gave his opinion that the protection afforded by vaccination up to the period of puberty, fifteen years of age, was equal to that afforded by inoculation for smallpox all through life. After fifteen, the system was subjected to another law. Previous to that age, we might banish all fear, inasmuch as cases of smallpox after vaccination were exceedingly rare; but after that period, vaccinated persons were liable to a first attack of the disease, and were exposed to the chances of a second attack at fifty or sixty years of age. Inoculation gave one attack of smallpox, and there was an end of it. With a few rare exceptions, in the cases of particular families and individuals, there was no second and third attack. Modified smallpox was unknown up to the year 1817, about fifteen years after vaccination was first performed. The cases of this disease had gone on increasing since the year 1825, and the results now were, that fifteen hundred patients had been admitted into the London smallpox hospital, in seven years, with smallpox after vaccination. Most of these were modified, but many were of a severe form of the disease. The deaths from smallpox after vaccination might be said to be a little above five per cent.; in some places, as at Copenhagen, it was as

low as three per cent. He had never seen modified smallpox in the young, either in public or private practice; neither had he read of it in books, or heard of its occurrence abroad. It was only to be found occurring in the adult. He hoped the statements advanced would not shake the confidence of the public in vaccination. Even if vaccination prevented smallpox only in one-half of the cases in which it was performed, it was a great protection; and as it was shown by statistics that about half the population died before the age of fifteen, it afforded to that half, at least, perfect and complete protection.

Drs. Mayo and Copeland were of opinion, as the result of their experience, that the protective power of vaccination, until the age of fourteen, was more complete than that of inoculation; that a greater number became affected with smallpox after inoculation, than after vaccination; and that more of the inoculated died than of the vaccinated.

Dr. Gregory also stated, that he regarded re-vaccination as a proceeding of very little moment. It satisfied the mind of the public, but did not effect any real good. It was an error to suppose it afforded any additional protection. After fifteen years of age, the constitution began to be susceptible, for the first time, to the influence of smallpox, and the susceptibility increased up to middle age and maturity. There was but one mode of adding to the protective power of the first vaccination, and that was by inoculation with smallpox matter after the age of fifteen. Cazenave and others had performed in France many experiments, which proved that inoculation after fifteen, in persons previously vaccinated, did not produce a vesicular or pustular eruption, but only a papular one, and that this was not contagious. This he knew to be true, and he firmly believed it served as a protection for life.

With respect to the indications afforded by the appearance of the cicatrix, as to the perfect or the imperfect performance of vaccination, Dr. Gregory remarked, that he thought it had been long ago conclusively settled that no conclusion whatever could be drawn from the appearance of the cicatrix. If a good cicatrix were found, then you might be satisfied that the vaccination had been perfectly performed; but if the cicatrix was imperfect, you had no right to assume that the patient had not been well vaccinated; for, in these cases, the process of reparation might have been quick, there might have been little inflammation, or there might be other causes to account for the imperfect cicatrix. He had long ago published cases on this point.

Dr. Addison inquired of Dr. Gregory, what his impression was respecting the identity of smallpox and chickenpox? Dr. Gregory answered that the diseases, though bearing some relation to each other, were undoubtedly different and distinct in their nature. In proof of this, it had been demonstrated, that genuine vaccination had been received before and after the occurrence of chickenpox. The occurrence of the latter previously, made no difference in the development of the former. In addition to this, the two diseases might go on together in the same person. None of these modifications had ever been witnessed in cases of smallpox and vaccination.

Dr. Marshall Hall stated, that sometimes a child resisted vaccination; and he desired to know from Dr. Gregory, whether it was still liable to take the smallpox? His own son had been vaccinated fourteen times without effect. No vaccine vesicle ever formed. At thirteen years of age, he was observed to be covered with an eruption. Some of the spots once exhibited the form of distended vesicles, of moderate size, observed in chickenpox. Others of the spots went through the regular course of hornpox, occupying five or six days. One or two on the face left distinct pits, the result of sloughing, as seen in smallpox. Dr. Hall added, that such a case seemed to demonstrate the insecurity of the patient, when vaccination had failed

several times, and to confirm the opinion of Dr. Thompson, that varicella and modified smallpox were the same disease, for in it they occurred simultaneously. Dr. Gregory replied, that he had no hesitation in saying that the variolous poison had done its worst; and though Dr. Hall's son might have the ill luck to contract secondary smallpox, the great probability was that he would not.

At the same meeting of the society, several cases were narrated, of second and third attacks of smallpox; some of them after inoculation, and some after natural smallpox. In one of the cases a gentleman who had been vaccinated in infancy, when three months old, had three attacks of smallpox; one when he was six years old, a second when he was eleven, and he died in the East Indies, of the third attack, when he was twenty-three years of age.

This must be regarded as an extremely interesting discussion: partly from the nature of the subject, and partly because several of the most eminent physicians of Great Britain participated in it. It would appear that we are at last arriving at a proper knowledge and a just appreciation of the value of vaccination. While we must admit with Chomel, that "we cannot fairly exact more from vaccination than from the smallpox itself," if Dr. Gregory's opinions are well founded, that every individual after fifteen years of age, although fully protected up to that time by the power of the vaccine disease, is liable to be attacked by smallpox, and that re-vaccination is of no manner of service, there is great room for apprehension that as the general force of vaccination diminishes in large communities, the smallpox contagion may acquire an augmentation of power, and, at length, come to predominate. Dr. Gregory informs us, that the cases of smallpox after vaccination have gone on increasing since 1825. If this increase should be progressive, as must necessarily happen under existing circumstances, it is manifest that, in time, smallpox will preponderate, and the beneficial effects of vaccination wear out. As the force of general protection is lessened, the power of general predisposition will become greater, and we shall be compelled to resort to some additional means to prevent a return to the old epidemic ravages of smallpox.

At the present time, although we have occasional examples of persons dreadfully disfigured, and of death from smallpox after vaccination, the number is not so great as to cause much alarm. The improvement upon the old state of things is inestimable. In England, previous to the introduction of inoculation, one-tenth of the total mortality was occasioned by smallpox. After inoculation was introduced, it fell to one-fourteenth; but now, when vaccination is general, the deaths by smallpox are about one in eighty-five from all diseases; thus amounting to only one-sixth of the ratio, when smallpox inoculation was the sole preventive.

If matters should threaten to become much worse, and the number of cases subsequent to vaccination go on progressively increasing, we are not shut up to patient endurance of the evil, but can have recourse to inoculation after puberty, depending upon vaccination up to that period. If the views at present entertained as to the mildness of smallpox communicated at that time, and as to its protective power being complete for the remainder of life, should be fully established by repeated trials, and by time, our situation will be far from being deplorable. In the meanwhile, each adult may hope that the protection in his own case, although not perfect, is sufficient to prevent an attack of this loathsome disease, or to modify it, if it does appear.—*Transylvania Med. Journal.*

The following passages from the recent message of Gov. Fort, on subjects always interesting to medical men, though they will not be news to most of our readers, are yet, in our opinion, worthy of record with other matters of

medical interest in our State. This will be a sufficient excuse for their insertion to the exclusion of matter from exchanges.

State Prison.—The reports of the officers of the State Prison will inform you of its condition.

The discipline of the prison has been judiciously administered. The necessity of punishment has been rare, only one or two cases occurring of a settled determination to set at defiance the regulations of the prison.

The industry of the prisoners has been commendable; the financial management of the keeper highly satisfactory and efficient, enabling him to pay into the treasury from surplus earnings the sum of \$5,000.

The health of the prison has been generally good. Comparatively few cases of sickness have occurred. There have been but three deaths during the year.

The number in confinement at the commencement of the year was 210. There have been received 122, and discharged 125, making the whole number during the year, 332. At present there are 207. The number of prisoners being so great, it is impossible to comply with the directions of the law requiring separate imprisonment. This condition of things can only be remedied by the construction of another wing to the prison.

The question, however, is now being agitated whether a rigid adherence to the separate plan of confinement is not injurious to the mental and physical condition of the prisoners. There is no doubt that sunlight, pure air, exercise, and social intercourse are essential to a healthful state of the functions of the body and mind. It properly belongs to the medical department of the prison to decide how these should be allowed to convicts. The medical officers of our prison have usually pursued a generous course, with highly beneficial sanative results.

I do not think it expedient to provide for the construction of another wing at this time. I cannot hesitate, however, to recommend a new heating apparatus for the south wing. The health and comfort of the prisoners, as well as the industrial operations of the prison, urgently require it.

Lunatic Asylum.—The reports of the Managers, Superintendent, and Treasurer of the State Lunatic Asylum, exhibit the condition of the institution, and show that it is still entitled to the confidence and support of the community. The number of patients at the date of the last report was 162; at the date of the present report there were 171, being an increase of nine; 102 have been received during the year; 76 have been discharged, recovered, or improved, out of 264 under treatment. There have been but 8 deaths.

The total number of patients treated since the institution commenced operations, is 394, and the total number discharged either cured or improved, is 181.

This evidence of the successful management and superintendence of the institution, is highly gratifying to those who have it in charge. The results of its operations are such as to commend it to the provident care of the State.

I would call the attention of the Legislature to the views presented by the Superintendent in relation to the construction of additional wings to the edifice. They are deemed essential to accomplish a proper classification of the patients and to prevent a crowded state of the rooms. The necessity of locating the excited and boisterous cases within hearing of the more quiet and docile is opposed to a rational and of course successful treatment of the insane.

The amount appropriated last year to aid the counties in supporting pauper and indigent lunatics, will be again required. The managers also ask for \$2,500 for the purpose of improving the grounds, increasing the furniture, fixtures, &c. These two items will require an appropriation of \$7,570.

The personal property of the Asylum has increased during the last year, and amounts per inventory to the sum of \$16,755 19. Altogether, the affairs of the institution have been highly prosperous, and are a source of pleasing contemplation to the benevolent and humane.

Diet in Protracted Fevers. By E. B. HASKINS, M. D.—It is well known to our readers, who have at all kept pace with the advancement of chemico-physiology, that, in the food of man, there are two great classes of alimentary substances, to subserve the wants of the ever-changing organism—the *nitrogenous* and *non-nitrogenous*. The former being destined for the nourishment of the tissues, whilst the latter subserves, mostly, the purpose, by slow combustion, of the generation of animal heat. It is not denied that, in the process of disintegration, or wasting of the tissues, some heat is evolved, and also that some fat enters into the composition of those tissues, whilst other portions seem necessary to give symmetry to the body and form cushions of support to movable parts; yet the above classification of alimentary substances, based upon their uses, is regarded mainly as true. It may also be remarked, that that portion of the non-azotized substances, not directly burned off in the circulation, is converted into fat,* and deposited in the adipose tissue for future use.

This economical disposition of respirable materials, is beautifully illustrated in the habits of hibernating mammalia—that go into their winter retreats loaded with fat, and come out in the spring comparatively lean. As such animals remain physically inactive during the season of hibernation, of course but little waste of muscular or other vital structures takes place—not more than can readily be supplied by the proteinaceous compounds already in the vascular system.

Now, when a subject enjoying ordinary health is seized with continued fever, but little or no food is required for a number of days; the blood being charged with azotized matter sufficient to supply the waste from tissual disintegration, whilst, in the adipose cells, there is already fat enough for respiratory purposes.

But should the disease continue unchecked, the time arises when food becomes imperative—when the limbs become lean and emaciated, and prostration of strength supervenes. All agree as to the *time* for the more prompt and regular administration of food; but the *kind* of food best suited for this stage seems not to have met with so general an agreement. The diet usually prescribed in such cases is animalized waters, as beef tea, chicken water, &c., and the manner of preparing them is to remove all of the fat as it rises to the surface in the process of boiling. So the patient, it is perceived, ingests nothing but azotized food.

Now what, *a priori*, will be the course of a protracted fever under such a dietetic system? It is clear—the adipose tissue being exhausted of its movable fat, and no starch, gum, sugar, or other combustible material being furnished to the blood, the oxygen of the inspired air seizes upon the tissues, and the brain being, perhaps, the most oxidizable, is the most energetically attacked; and as fatty matter enters largely into its composition,† no adequate reparation can take place; hence delirium, subsultus tendinum, wakefulness, and other manifestations of morbid cerebro-spinal activity‡—phenomena too often witnessed at the bedside, and always portend an unfavorable issue.

* Dumas, Boussingault, and Payen have denied that the animal organism can elaborate fat out of the non-azotized substances; yet the experiments at the Giesse laboratory, under the directions of Liebig, as well as those by Dr. Thomson, of Glasgow, fully sustain the doctrine.

† The adult nervous matter contains about 6 per cent. of cerebral fat.

‡ See Liebig on the effects of starvation in his *Animal Chemistry*.

This hypothetical view of the pathology of the brain is, in some degree, supported by the fact that post-mortem examinations have failed to detect any constant lesion in that organ; and when congestion or inflammation has been found, it is not violent to presume that it came on as a secondary lesion.

The point in the dietary of protracted fevers, to which I wish to direct attention, is already clear to your mind—that non-nitrogenized substances, as starch, gum, sugar, &c., should be freely administered, instead of the exclusively nitrogenized diet. By thus furnishing respirable materials, the tissues, particularly the brain, are protected from the destructive influences of the inspired oxygen. These materials, then, are far more essential to the organism, under such circumstances, than the azotized substances; since, whilst the muscular system is comparatively at rest, the histological elements undergo very slow disintegration, as is exemplified in hibernating animals.

The non-azotized alimentary substances, as is well known, can be rendered as palatable and inoffensive to the sick (oils excepted) as can the nitrogenized. Sweetened gum water, arrowroot-jelly, barley water, and even the gruel of Indian meal are quite palatable and unirritating to the most delicate stomach. To secure, however, all of the possible dietetic wants of the system, they may be alternated with the nitrogenized diet.*

In conclusion, I will take occasion to remark, that, in determining a course of practice upon theoretical grounds, great caution is necessary, that we commit no extravagances. We should never, from *a priori* reasoning alone, abandon well-established therapeutic usage. The most that may be ventured upon with impunity, is the modification and correction of unenlightened experience, and the furnishing materials for such blanks as observation has failed to fill up. Ratiocination is too uncertain a guide to be wholly trusted to in the prosecution of an art like therapeutics, based upon progressive science. Kept within these restricted bounds, reason performs her legitimate office in the advancement of a profession that can never be purely empirical or rational.—*Nashville Journ. of Med. and Surg.*, Dec. 1851.

Veratrum Viride as an Arterial Sedative.—In the *Reporter* for April last, we copied a portion of an article by W. C. Norwood, M. D., of Cokesbury, S. C., in which he confidently set forth the virtues of the American hellebore, *veratrum viride*, in controlling the action of the heart.

In the *Southern Medical and Surgical Journal* for January, we find another article from the pen of Dr. Norwood, reiterating his views of the importance of the remedy in question, and giving, in conjunction with his own, the testimony of several other medical men.

It seems that Dr. N. uses a *saturated tincture* of the veratrum, which should be prepared from root that has not been kept very long. This he gives to an adult in doses of eight or ten drops, gradually increased until its effects are produced. Dr. N. recommends it strongly in pneumonia typhoides, asserting fearlessly that it is as much of a specific in that complaint as quinine is in intermittent fever. He regards it as a "sheet anchor" in typhus and in typhoid fevers, as well as in convulsions of children from one year old and upwards, where there is a high degree of febrile excitement. "In hooping-cough it stands unrivalled and alone, as a remedy that may be relied on when accompanied with high febrile excitement."

In short, making due allowance for the veratrum being a hobby with Dr. N., from his own testimony and that of several other medical men whom he quotes, we think it worthy at least of a fair trial.—S. W. B.

* Dr. Prout was of the opinion that fat could subserve the purpose of tissual nutrition, in general; though physiologists of the present day pretty-uniformly concur in the opposite opinion.